Program Directors’ Meeting

Graduate Medical Education

September 14, 2017
Agenda

- Institutional plans for quality, safety and value
  - Presented by:
    - Lisa Freeman, Interim Vice President of Quality, Patient Safety and Clinical Effectiveness
    - Elizabeth Reinking, Manager, Performance Improvement
    - Ben Elkins, Director, Clinical Effectiveness Leadership Training (CELT)

- SPECTRUM with Steve Goodman, MD, PhD
  - Website demo – http://spectrum.stanford.edu
Institutional plans for quality, safety and value

IMPROVEMENT CAPABILITY DEVELOPMENT PROGRAM (ICDP) UPDATE
Vizient Quality & Accountability Scorecard Ranking (2017)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rank</th>
<th>Weight</th>
<th>Score</th>
<th>Weighted score</th>
<th>Vizient median</th>
<th>Vizient top performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>71</td>
<td>100.00</td>
<td>48.86%</td>
<td>48.86%</td>
<td>55.30%</td>
<td>80.88%</td>
</tr>
<tr>
<td>Mortality</td>
<td>88</td>
<td>26.25%</td>
<td>29.97%</td>
<td>7.87%</td>
<td>51.09%</td>
<td>93.41%</td>
</tr>
<tr>
<td>Efficiency</td>
<td>70</td>
<td>5.50%</td>
<td>45.73%</td>
<td>2.52%</td>
<td>51.72%</td>
<td>93.62%</td>
</tr>
<tr>
<td>Safety</td>
<td>73</td>
<td>26.25%</td>
<td>48.48%</td>
<td>12.73%</td>
<td>54.24%</td>
<td>76.68%</td>
</tr>
<tr>
<td>Patient centeredness</td>
<td>30</td>
<td>15.75%</td>
<td>67.35%</td>
<td>10.61%</td>
<td>51.37%</td>
<td>89.57%</td>
</tr>
<tr>
<td>Equity</td>
<td>1</td>
<td>5.25%</td>
<td>100.00%</td>
<td>5.25%</td>
<td>94.44%</td>
<td>100.00%</td>
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</tbody>
</table>
2. Vizient Quality & Accountability Scorecard Ranking

Quick Facts:

<table>
<thead>
<tr>
<th>Current Performance:</th>
<th>71st</th>
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</thead>
<tbody>
<tr>
<td>Release Cadence:</td>
<td>Annual - Late Sept to Mid Oct</td>
</tr>
<tr>
<td>Improvement:</td>
<td>No, fallen from 42nd.</td>
</tr>
<tr>
<td>Recent Performance Period:</td>
<td>2016-2017</td>
</tr>
<tr>
<td>Available to the Public?</td>
<td>No</td>
</tr>
<tr>
<td>Direct Financial Impact?</td>
<td>No</td>
</tr>
<tr>
<td>Data Utilized:</td>
<td>All inpatient discharges. (10 Core &amp; Non-Core Service Lines)</td>
</tr>
</tbody>
</table>

Methodology:

<table>
<thead>
<tr>
<th>Domains and Measures</th>
<th>% Weight</th>
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<tbody>
<tr>
<td><strong>Survival</strong></td>
<td>26.25%</td>
</tr>
<tr>
<td>Mortality O:E (Core and Non-Core)</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>26.25%</td>
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<tr>
<td>NHSN-CAUTI SIR</td>
<td></td>
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<tr>
<td>NHSN-CDI SIR</td>
<td></td>
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<tr>
<td>NHSN-CLABSI SIR</td>
<td></td>
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<tr>
<td>NHSN-SSI-CLINICAL SIR</td>
<td></td>
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<tr>
<td>NHSN-SSI-HYST SIR</td>
<td></td>
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<tr>
<td>PSI-03 O:E - HAPUs</td>
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<tr>
<td>PSI-06 O:E - Iatrogenic pneumothorax</td>
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<tr>
<td>PSI-09 O:E - Postop Hemorrhage/hematoma</td>
<td></td>
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<tr>
<td>PSI-11 O:E - Postop respiratory failure</td>
<td></td>
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<tr>
<td>PSI-13 O:E - Postop Sepsis</td>
<td></td>
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<tr>
<td>Hip and Knee Complications</td>
<td></td>
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<tr>
<td>VTE-06</td>
<td></td>
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<tr>
<td><strong>Patient Experience</strong></td>
<td>15.75%</td>
</tr>
<tr>
<td>9 Categories of HCAHPS</td>
<td></td>
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<tr>
<td><strong>Effectiveness</strong></td>
<td>21.00%</td>
</tr>
<tr>
<td>Readmissions (Core and Non-Core)</td>
<td></td>
</tr>
<tr>
<td>Excess days Rate (Core and Non-Core)</td>
<td></td>
</tr>
<tr>
<td>Core Measures (ED, VTE-5, Outpatient)</td>
<td></td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>5.50%</td>
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<tr>
<td>Length of Stay O:E (Core and Non-Core)</td>
<td></td>
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<tr>
<td>Cost O:E (Core and Non-Core)</td>
<td></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>5.25%</td>
</tr>
<tr>
<td>Discrimination in any form</td>
<td></td>
</tr>
</tbody>
</table>

10 “Core” Vizient Product Lines – 70% Contribution
1. Cardiology
2. Cardiotoracic surgery (includes cardiac surgery and thoracic surgery)
3. Gastroenterology
4. Medicine, general (excludes discharges within the gastroenterology subservice line)
5. Surgery, general
6. Oncology (includes medical oncology, surgical oncology and gynecology oncology)
7. Neurology
8. Neurosurgery
9. Orthopedics and Spinal Surgery
10. Vascular surgery

10 “Non-Core” Vizient Product Lines – 30% Contribution
1. Bone marrow transplant
2. Burns
3. Gynecology
4. HIV
5. Obstetrics
6. Otolaryngology
7. Transplant services
8. Plastic surgery
9. Trauma
10. Urology

Available to the Public? No
Direct Financial Impact? No
Data Utilized: All inpatient discharges. (10 Core & Non-Core Service Lines)
Background: FY2017 Funds Flow Tier 1 Incentive Metrics

- **Principles:**
  - The goals of the Funds flow metrics are:
    - To enhance patient satisfaction, quality of care, and safety.
    - To incentivize clinical programs to make ongoing efforts to improve performance.
    - To reward sustained high performance.
  - Metric thresholds set to be realistically achievable by a large majority of clinical programs.
  - FY 2017 Funds flow categories have been set (below).
  - Clinical department chairs may appeal individual findings that they believe are incorrect or subject to extraneous occurrences.

- **Likelihood to Recommend Provider – Top Box (+2%, 0, -2%) (patient satisfaction)**
  - Metric: “Likelihood to Recommend Care Provider” Percent Top Box Score (Emergency Medicine and Psychiatry will use “Courtesy of Provider” Top Box Score).
  - Targets set based on improvement from prior year performance or sustained high performance.
  - Targets vary by specialty based on the specialty specific reference database.
  - Penalty ensues if Top Box Score falls below 70%.

- **Percent of New Patients Seen within 21 Days (+2%, -2%) (access is both quality and satisfaction)**
  - Maintaining the percentage of new patients seen within 21 days from prior year.
  - Penalty assessed if percentage of new patients seen within 21 days falls below prior year percentage.

- **Minimize Clinic Cancellation in Under 30 Days (+2%, -2%) (satisfaction, quality)**
  - Clinic cancellations exclude patients rescheduled and seen on same day, cancellations by patients, appointments no longer needed, inpatient admissions and unavailability of test results.
  - Incentive paid for sustaining clinic cancellations of less than 3% of total visits.
  - Penalty assessed for clinic cancellations equal to or exceeding 3%.

- **Improvement Capability Incentive (+2%, 0) (safety, quality)**
  - Work with other clinical departments to design and conduct a training curriculum to engage clinical faculty in SQV improvement.
  - FY 2017 Incentive – Each clinical department will appoint a department champion, who will work with training leaders and other clinical departments to:
    - Create a multidiscipline improvement plan
    - Select a department training cohort
    - Dedicate time to training and implementation of plan

Performance metrics for LTR are measured June through May (12 months) to enable tabulation by fiscal year close. Other measures are based on a fiscal year schedule.
Improvement Capability Incentive

- Incentive details
  - Upside incentive valued at 2% of wRVUs generated by the department, with no penalty, that will fund faculty time required for this initiative.\(^2,3,4\)
  - The Funds Flow Working Group decides whether departments qualify for incentive payment by meeting established criteria.

- Advisory Committee Voting Members

<table>
<thead>
<tr>
<th>Roles</th>
<th>Designees^</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD leaders</td>
<td>Bryan Bohman</td>
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<tr>
<td></td>
<td>Robert Harrington</td>
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<tr>
<td></td>
<td>Robert Jackler</td>
</tr>
<tr>
<td></td>
<td>David Larson (chair)</td>
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<tr>
<td></td>
<td>Paul Maggio</td>
</tr>
<tr>
<td></td>
<td>Norm Rizk</td>
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<tr>
<td>SHC Admin Leaders</td>
<td>Sridhar Seshadri</td>
</tr>
<tr>
<td></td>
<td>Catherine Krna</td>
</tr>
<tr>
<td></td>
<td>Quinn McKenna</td>
</tr>
<tr>
<td></td>
<td>Dale Beatty</td>
</tr>
</tbody>
</table>

\(^1\text{This effort is distinct from the development work being done by SoM Finance & Administration.}\)
\(^2\text{All departments will be eligible for a minimum incentive of $125,000. Any increases required to meet this minimum will be deducted from the incentive for departments above the minimum, proportional to their total incentive. As a result, the total potential incentive payment will remain unchanged at 2\% of all wRVUs.}\)
\(^3\text{There are no formal restrictions on the use of this incentive.}\)
\(^4\text{The incentive has zero net impact on the total incentive payment tied to Tier 1 Funds Flow compared to FY16. Both FY16 and FY17 have a +8\% incentive with -6\% at risk.}\)
Elements of Improvement Capability

- **Objective**: To enhance improvement capability within the clinical operation of the School of Medicine (SoM)

- **Improvement capability** in complex organizations:
  1. Organizational alignment around shared priorities *(work on the same things)*
  2. Use of common improvement methods *(improve in the same way)*
  3. Effective skills managing group dynamics and interpersonal relationships *(work well together)*
  4. Effective use of data and evidence to drive improvement
  5. Willingness to prioritize performance of the system for the benefit of patients *(“systems thinking”)*
  6. Ability to learn, transfer knowledge, spread innovation within the organization *(“organizational learning”)*

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1 This effort is distinct from the development work being done by SoM Finance & Administration.
FY17 Deliverables for Departments

- **FY17 Deliverables to receive the FY17 incentive:**
  1. Chair to designate a Physician Improvement Leader with protected time for improvement work. This role will require a minimum of 20% to develop a plan and execute on it.
  2. Chair and Physician Improvement Leader to attend a two-hour training session on how to lead the development of improvement capability (6/16 or 6/26).
  3. Create a plan to develop improvement capability and achieve measurable improvements that includes:
     - Assessment of current state of improvement capability
     - Overall goals to achieve by end of FY20 (“3-year vision”) – Break down of goals into measurable milestones for FY18.
     - Improvement projects selected in collaboration with partners in SHC operations with well-defined, measurable outcomes to be achieved in FY18.
     - Potential faculty candidates for improvement training (RITE or CELT).
FY17 ICDP Results and Observations

- Recommend approval for all plans

- Observations
  - Overall enthusiastic engagement, good faith effort from all departments
  - Common themes:
    - Smoking cessation, use of .RCC SmartPhrase (conditions present on admission), Quality Councils, physician wellness
  - Expectations for future plan improvements:
    - Thorough assessment of current state and comparison to others, national benchmarks (Vizient)
    - Identify clear plan to strengthen internal infrastructure
    - Set ambitious goals
# ICDP Improvement Projects Summary

## ICDP Improvement Projects FY 18

<table>
<thead>
<tr>
<th>Department</th>
<th>Clinical Quality Metrics</th>
<th>Quality/Safety (Vizient)</th>
<th>Operational Excellence (Vizient)</th>
<th>Operational Excellence (Vizient)</th>
<th>Department Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Clinical Documentation</td>
<td>MORTALITY</td>
<td>Develop Bundle for the Reduction of SSI's</td>
<td>Cranial DRG Outliers</td>
<td>Provider Satisfaction - Documentation Burden</td>
</tr>
<tr>
<td>CT Surgery</td>
<td>Reduce CLABSI rate of ECMO patients</td>
<td>Reduce Mortality of ECMO patients</td>
<td></td>
<td>Postop LOS CAB/Valve</td>
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<tr>
<td>Dermatology</td>
<td>Biopsy Process</td>
<td></td>
<td></td>
<td></td>
<td>Page to Admission</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Sepsis Bundle Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medicine</td>
<td>Goals of Care</td>
<td>Imaging Lower Back Pain</td>
<td></td>
<td></td>
<td>Spine QOL and ERAS Improvement Effort</td>
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<tr>
<td>Neurology</td>
<td>Clinical Documentation</td>
<td></td>
<td>Outpatient Access</td>
<td>Level of Care</td>
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<td>Neurosurgery</td>
<td>Clinical Documentation</td>
<td></td>
<td>Intraoperative waste reduction</td>
<td>Cranial DRG Outliers</td>
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<tr>
<td>OB/GYN</td>
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<td>Gynecology Efficiency Project</td>
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<tr>
<td>Ophthalmology</td>
<td>Improve Physician Communication</td>
<td>Clinical Documentation</td>
<td>Smoking Cessation</td>
<td>Enhanced Referral Process</td>
<td>Reduce Open Patient Encounters</td>
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<td>Orthopedic Surgery</td>
<td>Clinical Documentation</td>
<td></td>
<td></td>
<td></td>
<td>Turnaround Time</td>
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<tr>
<td>Pathology</td>
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<td>Smoking Cessation</td>
<td>Continuity of Care - CMS “Care Transitions”</td>
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<tr>
<td>Psychiatry</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Culture of Safety 2. ACR/APEx Accreditation</td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Timeliness of Reporting Emergent &amp; Urgent Exams</td>
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<tr>
<td>Sleep Medicine</td>
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<tr>
<td>Surgery</td>
<td>Clinical Documentation</td>
<td></td>
<td>PSI and SSI Improvement Project</td>
<td></td>
<td>Post Operative Opioid Utilization</td>
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<tr>
<td>Urology</td>
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</tbody>
</table>

**Last Updated 8/21**
FY18 ICDP Key Milestones and Next Steps

- ICDP Milestones for Physician Improvement Leaders
  - Implement ICDP plan, including improvement projects
  - Attend either RITE or CELT
  - Participate in collaborative opportunities
  - Complete mid year review
  - FY18 end of year reflection and FY19 plan

- Immediate Next Steps
  - Complete application process for RITE/CELT
  - Warm hand-off between current ICDP support and new OCMO primary support
Institutional plans for quality, safety and value

UNIT-BASED MEDICAL DIRECTOR & PATIENT CARE MANAGER DYAD PARTNERSHIP WITH QUALITY

Bringing Accountability to Unit Operations Quality Improvement & Patient Safety
Roles & Responsibilities

**Medical Director**
- Clinical knowledge
- Contacts to residents, nurses, attending MDs
- Accountable for unit to CQMIO & Service Chief

**Nurse Manager**
- Clinical knowledge
- Unit operations Knowledge
- Supervise nurses
- Accountable for unit to PCS

**Clinical Analyst**
- SPC Expertise
- Understand data
- Data systems
- Design queries
- Produce reports
- Interpret data

**Improvement Consultant**
- Strategic Focus
- QI/PI expertise
- Team facilitation
- Project management
- Assist in Interpreting data

**Case Manager**
- DC plans
- Community resources
- Family and social support system
- Post DC care options
Improvement Strategies

- Focus on operational problem solving at the unit level – use visual problem solving boards to track process measures and action items

- Focus on process improvement – high reliability interventions
  - Standards, protocols, standing orders
  - Dissemination of quality and patient safety data to all care team members
  - Promotion of collaborative practice
  - Clear and reliable communication systems
  - Involvement of attending physicians and residents in RCAs

- Work with attending physicians, staff & house-staff to ensure timely, appropriate care.
Local Management Infrastructure & Cadence

- Daily Huddles
- Weekly meetings
  - UBMD
  - Unit nurse manager
  - Improvement consultant
- Monthly unit meetings:
  - UBMD
  - PCM
  - Improvement consultant
  - Data analyst
  - Case manager
  - Chief resident
  - QI analyst
  - Nurses
  - Residents
- Improvement Consultant(s) (IC) assigned to unit
- Analyst support
Suggested Discovery Questions:

1. What types or groups of patients does your unit(s) directly serve? Tell me about your unit.

2. What is a typical day like on your unit(s)? What are your management routines?

3. When and how do you visualize performance on your unit?

4. Tell me about the improvement projects that you are doing or have done together in the past? What worked well? What barriers do you see to sustainable improvement?

5. Key internal roles and stakeholders that you work with in improvement?

6. If not already addressed, what processes and infrastructure (e.g., huddles, resources, expertise, tools, committees) do you currently have in place to support improvement work?

7. Where are your best opportunities for improvement, including areas of most significant or concerning variation in performance *(introduce current state performance grid for this discussion)*?

8. What huddles, meetings, or other forums would you suggest I attend to learn more about your unit and work? Take their lead.